

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3170AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2010
NAME OF PROVIDER OR SUPPLIER FELIS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1042 FEATHERWOOD AVE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 3/3/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed.</p> <p>The facility received a re-survey grade of D.</p>	Y 000		
Y 103 SS=E	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/3/10, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB)</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 testing (Employee #2 failed to have evidence of a positive TB skin test). This was a repeat deficiency from the 10/8/09 State Licensure survey. Severity: 2 Scope: 2	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 3/3/10 the facility failed to ensure 1 of 3 employees met background check requirements (Employee #3 fingerprints were not submitted to the Department of Public Safety). This was a repeat deficiency from the 10/8/09 State Licensure survey. Severity: 2 Scope: 2	Y 105			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are	Y 178			

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Y 272	Continued From page 3 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 3/3/10, the facility failed to ensure a planned, dated and posted menu was utilized. Severity: 1 Scope: 3	Y 272			
Y 273 SS=D	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 3/3/10, the facility failed to provide a diabetic diet to 1 of 6 residents ordered a special diet (Resident #2). Severity: 2 Scope: 1	Y 273			
Y 371 SS=F	449.224(2) Housing for Staff Members NAC 449.224 2. Members of the staff of the facility and their families who live	Y 371			

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Y 371	Continued From page 4 at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers used by the members of the staff of the facility or their families must comply with the provisions of NAC 449.222 This Regulation is not met as evidenced by: Based on observation on 3/3/10, the facility failed to provide enough toilets required for the 9 people residing in the facility (six residents, Employee #1, Employee #1's mother and brother). This was a repeat deficiency from the 10/8/09 State Licensure survey. Severity: 2 Scope: 3	Y 371			
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 3/3/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 2	Y 434			

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Y 434	Continued From page 5 of 12 months (Jan, and Feb of 2010). This was a repeat deficiency from the 10/8/09 State Licensure survey. Severity: 2 Scope: 1	Y 434			
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 3/3/10, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (Feb of 2010). This was a repeat deficiency from the 10/8/09 State Licensure survey. Severity: 2 Scope: 1	Y 444			
Y 530 SS=C	449.260(1)(e) Activities for Residents NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by:	Y 530			

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Y 530	Continued From page 6 Based on interview and observation on 3/3/10, the facility failed to provide activities for 6 of 6 residents. This was a repeat deficiency from the 10/8/09 State Licensure survey. Severity: 1 Scope: 3	Y 530			
Y 621 SS=D	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint. This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. Based on observation, interview and record review on 3/3/10, the facility failed to ensure 1 of	Y 621			

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